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Dear Sir:						646	
Inventor(s):							
3. Declaration 4. This appl 5. An Assign 6. A Prelimi 7. Information a. I	: ⊠ Forma on/Power of ication clair nment (nary Amend on Disclosu 2TO-1449	al (17) sheet(s) or [f Attorney: ms priority from A) pages and Reco	☐ Signed ☐ Unsi pplication Serial No. ordation Form Cover tes.	, Filed , Status			
CLAI	MS:	(a) Filed	(b) Extra Claims	Large Entity Fee	Fee Paid		
Tota	1*	85 - 20	65	x \$18 =	\$1170.00		
Indepen	dent**	20 - 3	17	x \$84 =	\$1428.00		
Multiple Dependent Claim(s): ⊠ No ☐ Yes			\$280	\$0.00			
APPLICATION FILING FEE			\$750	\$750.00			
*If the number in column a is less than 20, enter 0 in column b. **If the number in column b is less then 3, enter 0 in column b.			TOTAL FEE	\$3348.00			
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